

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18090

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 47 years years, months or days)

3. (a) PRINT
FULL NAME

Clara Plank

3. (b) If veteran,

name war. None

3. (c) Social Security

No. None

4. Sex Female 5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Jerome Plank

6. (c) Age of husband or wife if
alive Unknown years

7. Birth date of deceased March
(Month)

10
(Day)

1874
(Year)

8. AGE:

Years

Months

Days

If less than one day

✓

70

2

6

hr.

min.

9. Birthplace

Springfield,
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

In Home

12. Name

John B. Beshears

13. Birthplace

Springfield,
(City, town, or county)

Missouri
(State or foreign country)

14. Maiden name

Mary Webb

15. Birthplace

Springfield,
(City, town, or county)

Missouri
(State or foreign country)

16. (a) Informant

Mr. Jerome Plank

(b) Address

Springfield, Missouri

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

May 16, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Hazelwood Cemetery

18. (a) Signature of funeral director

Alma Lohmeyer Funeral Home

(b) Address

Springfield, Missouri

19. (a)

5-18-44
(Date received local registrar)

5775 Handley
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 214 S. Florence
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th,
year 1944 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 5-8
1944 to 5-16, 1944
that I last saw her alive on 5-16 and that death occurred on the date and hour stated above.
Immediate cause of death Intestinal obstruction, 1 loop Duration

Due to Large gall stone located
in upper third of small
intestine

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Mary Jean O'Hearty (M. D. or other)
Address 318 St. Louis St. Date signed 5-18-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Keith Collier

Licensed Embalmer No.

3632

P. O. Address.....

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.